

# **Missouri Mental Health Transformation**

## **Creating Communities of Hope**



---

**Final Workgroup Recommendations**  
**Report to Transformation Working Group**  
**July 10, 2007**

## INTRODUCTION:

---

In February, 2007, the Transformation Working Group (TWG) chartered six workgroups to develop recommendations specific to each of the New Freedom Commission Goals. Workgroup membership was broad-based including representation from state agencies, community organizations, provider organizations, consumers and family members.

The six workgroups met eight times for one half day from March through June, 2007. A one day leadership orientation and training workshop was held for the over thirty appointed consumer and family leaders prior to the workgroups beginning. All workgroups were facilitated by the Change and Innovation Agency using a common planning format and process. During the planning process, the Missouri Institute of Mental Health (MIMH) produced a toolkit for the workgroups on the prevalence and needs of the different population groups served by the DMH. They also evaluated the planning process via member on-line surveys. A follow-up meeting was held for consumer and family members mid-way through the process and feedback from this meeting was provided to each of the workgroups.

This report has been prepared for the TWG and includes a summary of the:

- Cross-cutting themes/recommendations across workgroups, and
- Final objectives and recommendations of each workgroup.

Several presentations on Missouri's Mental Health transformation initiative were made to various stakeholder groups during this time period. As part of these presentations, consumers, families, providers and other stakeholders throughout Missouri submitted their vision of what a "Community of Hope" looked like to them. Many of these comments support the recommendations contained in this report and have been incorporated with the workgroup recommendations.

Once the TWG reviews this report, members will identify priorities and recommend any revisions or additions. Key recommendations will then be incorporated into a draft comprehensive plan and public input will be solicited across the state in August and September of 2007.

### Missouri's Vision of a Transformed System

Communities of Hope throughout Missouri support a system of care where promoting mental health and preventing disabilities is common practice, and everyone has access to treatment and supports essential for living, learning, working and participating fully in the community.

WORKING DRAFT

### Missouri's Goals:

- Missourians understand that Mental Health is Essential to Overall Health.
- Missouri's Mental Health Care System is Consumer and Family Driven
- Disparities in Missouri's Mental Health Services are Eliminated
- Early Mental Health Screening, Assessment and Referral to Services is Common Practice in Missouri.
- Excellent Services are Delivered and Research is Accelerated in Missouri.
- Technology is used to Access Services and Information in Missouri.

## SUMMARY OF COMMON THEMES:

Missouri Mental Health Transformation					
Themes Across Workgroups					
Workgroup/ Recommendation Focus Area	Mental Health Essential to Overall Health	Evidence Based Practices	Disparities are Eliminated	Easy, Early Access	Consumer & Family-Driven Services
Redefined, Consistent Regions/Service Areas	X	X	X		
Wrap-around Philosophy, Individual Plan, Blended/Braided Funding	X		X		X
One Coordinator, One plan	X				X
Screening and Early Identification	X			X	
Expand CIT / Mental Health Courts				X	X
State Department Coordinating Team at Operational Level	X	X		X	X
Create Regional Partnerships	X		X	X	
Consumers as Mentors, Role Models, Etc.		X	X		X

<b>Workgroup/ Recommendation Focus Area</b>	<b>Mental Health Essential to Overall Health</b>	<b>Evidence Based Practices</b>	<b>Disparities are Eliminated</b>	<b>Easy, Early Access</b>	<b>Consumer &amp; Family-Driven Services</b>
Incentives for Provider and Employer Participation	X	X	X		
Stigma Reduction Campaigns	X		X		X
Public / Community Education		X	X	X	X
Education & Training in High Schools				X	X
Warm Handoffs Between Screening and Assessment	X			X	
Establish a Prevention Infrastructure	X	X			
<b><u>TECHNOLOGY</u></b>					
Shared Information Systems	X		X	X	X
Web-Based Education and Training		X	X	X	X
Expansion of TeleHealth and TeleMedicine	X		X	X	X



## MENTAL HEALTH IS ESSENTIAL TO OVERALL HEALTH WORKGROUP RECOMMENDATIONS

### GOAL: MISSOURIANS UNDERSTAND THAT MENTAL HEALTH IS ESSENTIAL TO OVERALL HEALTH

**Objective 1: Develop and implement comprehensive and integrated public, primary and behavioral health policy and practices across the state and ensure services can be tracked by all agencies and organizations involved.**

---

#### Recommendations:

1. Establish an Interagency (cross-departmental) Coordinating Council that is comprised of non-partisan departmental leadership at operations level to maximize resources and funding and identify and implement policy changes.
2. Transform system into more consolidated and consistent service areas/regions across departments/divisions and service organizations to facilitate effective collaboration and coordinated care.
3. Develop common/unique identifier for consumers and establish information systems to ensure services can be tracked across all agencies/ organizations involved.

**Objective 2: Create a coordinated and integrated network of care that is person/ family-centered and addresses the bio- psychosocial needs of individuals across the lifespan.**

---

#### Recommendations:

1. Fully develop healthcare home concept for Missouri and utilize healthcare home coordinator across primary and behavioral health service agencies.
2. Provide health and mental health care in common settings and fully integrate care when appropriate.
3. Incorporate prevention infrastructure into local network services and perform periodic health/mental health risk assessments across lifespan.

#### In Communities of Hope...

My mental health and physical health needs are being treated together and I know when one may be affecting the other. People understand that medication is only part of the solution.

Anonymous, MO

All systems work collaboratively together for the benefit of the consumer and family member to remain both physically and mentally healthy.

Southeast, MO

There would be help to get my teeth fixed so I have a healthy smile and strong jaws every day.

West Plains, MO

Mental WELLNESS is an essential part of the community's fabric.

Anonymous, MO

There are no barriers to getting treatment. There is one stop access to services.

St. Louis, MO

4. Develop/incorporate “no wrong door philosophy and practice” with common screening and integrated service tools/protocols across local providers.
5. Incorporate the philosophy and practice of wrap-around services into all agencies/organizations providing behavioral health services and ensure commitment to core elements of philosophy and practice. Develop wrap around definition and standards/measures for Missouri and adapt across lifespan.
6. Provide mental health consultation in early childhood and school settings. Support and further develop Missouri School-based Mental Health Model to bring to scale.
7. Establish functional/behavioral criteria to access services versus diagnosis where appropriate.

**Objective 3: Develop a comprehensive and integrated state-wide mental health prevention infrastructure utilizing evidence-based strategies in natural community environments.**

---

1. Establish Governor’s advisory/task group inclusive of relevant state departments and stakeholders of broad and adequate representation to incorporate existing suicide, substance abuse and other mental health related prevention plans (e.g. child abuse prevention) and initiatives into one cohesive format.
2. Require each state department to include identified prevention goals in its strategic plan and direct percentage of budget toward prevention.
3. Adopt CDC guidelines designating 30% of remaining tobacco settlement funds to go to smoking prevention and cessation. Target incremental increases up to 20% additional settlement funds toward state-wide prevention priorities identified in comprehensive plan.

**In Communities of Hope...**

Persons with mental health and substance abuse needs can be treated under one roof.

Southeast, MO

Labels do not represent the person.

Central, MO

My child receives education with care and knowledge for her to stay in school.

St. Joseph, MO

Teachers and school staff recognize and refer students with mental health needs.

Columbia, MO

Children in rural schools who are at risk receive mental health counseling through the schools.

Louisiana, MO

Mental Health Services will shift from a symptom-reduction model to a holistic, prevention-based model.

Northeast, MO

Somebody would notice the onset of my mental illness. (Mine occurred in college while living in a dorm and nobody noticed.)

Anonymous, MO

The causes and consequences of poverty would be the driving forces in prevention.

Anonymous, MO

4. Coordinate related prevention efforts at local level incorporating into natural community based settings and integrated service networks.
5. Incorporate “5 Protective Factors” model (parental resilience, social connections, knowledge of parenting and child development, concrete support in times of need, social and emotional competence of children) into philosophy and delivery systems of child-serving agencies. Develop/ incorporate appropriate adaptations across lifespan.
6. Develop communications plan and annual report to build awareness and disseminate information to public that builds accountability for desired transformation outcomes.
7. Perform mental health screenings at targeted developmental stages across the lifespan.

**Objective 4: Reduce stigma associated with mental illness, substance abuse and developmental disabilities in Missouri.**

---

**Recommendations:**

1. Develop a multi-media social marketing/ anti-stigma campaign focused on topic “Mental Health is Essential to Overall Health”.

**Objective 5: Train agency staff in social service, school, health and other organizations to increase early identification, and support best practices and integrated care.**

---

**Recommendations:**

1. Develop/implement pre-service training on predictive factors, prevention strategies and other topics for health, social service, school, etc. providers.

**In Communities of Hope...**

The public is educated about mental illness and there is no stigma. People see me as having a purpose in life, intelligent enough to work, capable of responsibility. I would have better access to a computer just to educate myself on what is going on in the mental health field.

Camdenton, MO

Consumers would be viewed as the very intelligent and capable people that they are in most cases. Persons with mental illness would receive the same level of community support as do cancer victims. A mental illness is seen as an illness and one that can be temporary.

Southwest, MO

The stigma associated with being mentally ill, previously addicted or incarcerated would be eliminated so people would be able to gain and maintain employment, housing, etc. and a sense of belonging to their community.

St. Joseph, MO

I would know more about mental health and how to get my health back together. I would have opportunities to go back to work and do more things.

Kennett, MO



2. Develop and implement in-service training to schools, etc. inclusive of information on how behavioral health impacts school/other performance.
3. Provide professional training to support best practices and integrated care and teach professionals to be able to communicate effectively across disciplines and settings (effective “cross-talk”).
4. Develop educational and reimbursement incentives to increase health and behavioral health specialists in areas of need across lifespan.

**Objective 6: Establish coordinated and integrated disaster preparedness efforts with a greater number of community providers and citizens knowing how to prepare for and respond to the individual and collective mental health needs of the community after a disaster.**

---

**Recommendations:**

1. Identify mental health preparedness initiatives across state agencies and collaborate to incorporate effective mental health component into planning.
2. Provide technical assistance, training and resources for disaster preparedness and emotional readiness for citizens and communities.

**Objective 7: Achieve full mental health parity in insurance/ employee benefit plans.**

---

**Recommendations:**

1. Collaborate with existing healthcare purchasing coalitions to build business case and engage business community and other healthcare purchasers to drive/reinforce importance of mental health coverage.
2. Incorporate parity for substance abuse into current state mental health parity law.

**In Communities of Hope...**

Services are available before a crisis occurs.

Anonymous, MO

Employment is rewarded instead of being a negative consequence for persons seeking it.

Kansas City, MO

Uninsured college students studying in Missouri can receive medical help and psychiatric care.

Springfield, MO

Recovery is not a penalty in private insurance.

St. Louis, MO

Consumers are encouraged to work and can continue to receive services with employee benefits.

Anonymous, MO

## CONSUMER & FAMILY SERVICES WORKGROUP RECOMMENDATIONS

### GOAL: MISSOURI'S MENTAL HEALTH CARE IS CONSUMER AND FAMILY DRIVEN

**Objective 1: Develop a system-wide individual planning process that is the same across all service venues and that fully incorporates the values of recovery, resiliency, and self-determination.**

---

#### Recommendations:

1. Create consistent principles, processes, and framework for an individual plan of care across agencies and levels of care to ensure that the plan comprehensively addresses all the needs of the individual.
2. Develop individual budgets for designated supportive services (e.g. personal attendant, transportation, etc.) specified in individualized plan of care so that the total dollar value of the services are under the control and direction of the program participant.
3. Develop financial management service alternatives (e.g. support brokers, fiscal intermediaries) for consumers to assist with finances.

**Objective 2: Expand and integrate peer and family support services into the continuum of community care.**

---

#### Recommendations:

1. Develop training/certification program for peer specialists/mentors and tailor across the lifespan, populations and service delivery systems.
2. Develop employment and placement options for certified peer specialist/mentor positions throughout service system.

#### In Communities of Hope...

I have dignity and purpose. I will not fear the possibility of failure. State agencies support and empower us and we welcome agencies into our lives without reluctance.

Anonymous, MO

Funds are available to consumers to get help as it is needed.

Farmington, MO

Services would be very individualized and given because the person needed them. They would not be forced on them.

Southeast, MO

Clinicians start with where people are and people have a say in their goals.

Southeast, MO

People receive the services they need, are in charge of what those services are and do not get turned away just because they don't have Medicaid.

Jefferson City, MO

3. **Expand and further develop Consumer Operated Service Programs (COSPs) and other peer and family-run programs based upon need and emerging knowledge of best practices.**
4. **Provide ongoing technical support and evaluation of peer-run programs to become Evidence Based Practices (EBP).**
5. **Partner with Small Business Administration (SBA) to provide technical assistance and business guidance to consumer/family operated programs operating as independent businesses to provide a foundation of support and success.**
6. **Implement statewide expansion of the Procovery Demonstration pilot incorporating fidelity and evaluation measures.**

**Objective 3: Incorporate consumer and family voice into policy decision-making at all levels of system and actively develop and support new leaders.**

---

**Recommendations:**

1. **Establish a Governor's Council, comprised of at least 50% consumers and families across mental health population groups and lifespan to have input into recommendations for funding of public mental health services (new decision items and use of appropriated funds) across state departments.**
2. **Develop and provide leadership training and support opportunities for consumers and families to develop and enhance skills in policy decision-making across the system.**
3. **Increase opportunities for consumer and family participation in policy workgroups and decision-making processes across system, reviewing existing practices and policies and revising as needed.**

**In Communities of Hope...**

I would have support in building a life, finding a home and finding a job-not just working but finding work that I am capable of and enjoy. I would feel useful to others and be of help to someone else in need.

Anonymous, MO

There would be more support from the schools and from other families.

St. Joseph, MO

There would be Procovery circles!

Southwest, MO

People (with mental illnesses) are able to pursue goals and dreams without being treated as if goals and dreams are for others. They are treated as if they are just as smart as others.

Anonymous, MO

Treatment and prevention succeed because the community is vested in the success of the customer.

St. Louis, MO

At my age (62) I would be active and there would be opportunities for me to volunteer.

Anonymous, MO

You see what I see! You feel what I feel! In a Community of Hope everyone is treated with dignity and respect.

Farmington, MO

**Objective 4: Provide broad-based public education on key mental health issues and develop consumer and family education/training opportunities across the state.**

---

**Recommendations:**

- 1. Use web-based programs such as “Network of Care for Mental Health” to allow providers, consumers, families and other interested citizens access to professional and peer support training throughout the state.**
- 2. Educate legislators, law enforcement, school personnel, health professionals, judicial system and other identified groups on key mental health issues, appropriate interventions and referral resources.**
- 3. Cultivate youth leaders through training and education that is coordinated with existing training and curriculum (i.e. anti-bullying, high school health curriculum).**
- 4. Develop and incorporate peer speaker bureau(s) into community education initiatives to outreach and provide educational and anti-stigma information to targeted community groups across lifespan.**

**In Communities of Hope...**

People (e.g. media) present accurate information to the general public.

Anonymous, MO

Consumers of mental health services are an integral part of the community in which they live.

Anonymous, MO



## DISPARITIES ARE ELIMINATED WORKGROUP RECOMMENDATIONS

### GOAL: DISPARITIES IN MISSOURI'S MENTAL HEALTH SYSTEM ARE ELIMINATED

**Objective 1: Create a collaborative structure that transcends existing systems to guide appropriate and effective mental health services and supports to Missourians.**

#### **Recommendations:**

- 1. Establish an overriding philosophy and common practice model across systems at the state, local and consumer level that incorporates a strength-based team decision making process across life domains and blended (cross-agency) funding. Adapt practice model across life span.**
- 2. Develop a stronger coordinated effort between departments with common clients and non-traditional partners.**
- 3. Increase the Department of Mental Health public mental health authority role for mental health services provided across public agencies to promote consistent mental health service requirements, quality standards and sustainable, flexible funding systems across federal, state, local and private domains.**
- 4. Develop/expand consumer, family and provider access to a comprehensive information system(s) that provide information about services received across providers. Expand the current Cyber-Access pilot program to the private sector and include all medical service providers.**
- 5. Develop partnerships to increase local investment in mental health including local county funding initiatives (Mil Taxes, Children's Sales tax Initiatives, etc). across the state.**

#### **In Communities of Hope...**

State agencies are on the same page in support of the client. People do not slip through the cracks.

Steeleville, MO

Clients and families have wrap around services.

Southeast, MO

State regulations and contract requirements are reviewed for appropriateness and applied equally among all providers.

Jefferson City, MO

Agencies forgo artificial turfs and unselfishly put clients first.

Southeast, MO

Providers communicate with each other as well as with the client or family to meet their needs.

St. Joseph, MO

There would be array of culturally and linguistically appropriate services and community supports available with better insurance and Medicaid coverage for professionals/organizations that are fluent in sign language, etc.

St. Joseph, MO



**Objective 2: There will be equitable access to the full array of services throughout the state regardless of where one lives.**

---

**Recommendations:**

1. Establish specific geographic access standards and develop service, support and transportation alternatives in areas of state that do not meet standards.
2. Develop local system protocols to facilitate access to mental health services access across geographic boundaries to meet needs when necessary.
3. Establish an equitable need-based method for allocating public sector mental health resources across the state. Method /formula should be designed to address the needs across the continuum of care and the lifespan.
4. Develop programs to increase Mental Health Literacy specific to local communities.

**Objective 3: Develop guiding principles, strategies and accountability mechanisms to create and perpetuate a culture of respect, dignity, wellness and competency of care as the milieu in which all mental health services are provided.**

---

**Recommendations:**

1. Develop plan for effective and transparent communications to increase public awareness about all aspects of the mental health services system critical to reducing disparities. Ensure that everything that emanates from this Transformation initiative be culturally/linguistically appropriate to model that standard for all.
2. Develop, implement and evaluate a state-wide plan for cultural and linguistic competency linking existing plans and initiatives.

**In Communities of Hope...**

Everyone has access to appropriate, individualized services regardless of where they live, what they look like or how much money or insurance they have.

Anonymous, MO

Everyone gets the mental health services that are needed without regard to socio-economic status or income.

St. Louis, MO

Cultural diversity would be respected and accepted.

Anonymous, MO

People from different towns and schools, etc. come together with common goals around mental health. When a person brings up the topic of mental health, people come together instead of scattering like cows that just heard a shotgun go off. My brother sees me regularly because he no longer feels like he can "catch" depression from me.

Rural, MO

We appreciate differences.

St. Louis, MO

All clients would be served without bias. Also, they would not have to quit their job to qualify for Medicaid.

Kirksville, MO

3. Recruit, hire and retain diverse staff who are culturally and linguistically competent for the provision of mental health services, especially psychiatrists, in order to eliminate disparities across the state.
4. Develop/modify policy and standards to expand culturally competent services to targeted populations and communities. Provide enhanced rates to professionals who demonstrate specific cultural/linguistic competence.

**Objective 4: Promote the financial independence and economic contribution of persons with mental health needs/disabilities by developing employment and career opportunities in integrated community settings.**

---

**Recommendations:**

1. Missouri shall issue a policy directive that employment and economic engagement is a key state priority as one step out of poverty for persons with mental health needs/disabilities and develop mechanisms to ensure continued availability of needed mental health services and related supports as persons enter employment.
2. Develop partnerships with employers to support them in communities through education, training, motivation (i.e. tax incentives), and meeting their business needs (i.e. filling labor shortage gaps).
3. Increase employment outcomes through outreach and developing formal partnership agreements with state and local agencies, businesses and other stakeholders in the public and private sector who promote employment and self-sufficiency to increase employment outcomes.
4. Promote and develop consumer involvement as mentors, role models and professionals in behavioral health services.

**In Communities of Hope...**

Consumers have the ability to work, play and grow with "safety net" support services available at all levels. These services are not pulled after the person is employed.

Fulton, MO

We would include employers in transforming the workplace and work life ...preventing workplace violence and increasing productivity and overall health.

St. Louis, MO

I would have opportunities and support to go back to work, get out of boarding home and live on my own.

Kennett, MO

I would have opportunities for an income and housing. I would no longer be homeless.

Haiti, MO

People would be able to work and not lose needed services.

Camdenton, MO

I would have the opportunity to move from my boarding home to an apartment and secure the resources needed to get married and raise a family.

Anonymous, MO

5. **Provide benefits counseling to Missourians receiving mental health services as they engage in employment.**
6. **Expand implementation of evidence-based supported employment services, establish measurement system with relevant benchmarks for increasing employment and develop pay for performance/incentives to providers who meet targeted employment goals.**

#### **In Communities of Hope...**

Residential (facilities) inspire hope. There are areas for interaction. There is daily living without stigma. There is one main Center of Support to help with problems/needs.

Maldon, MO

**Objective 5: Develop a wide range of housing options that are affordable and accessible, integrated in communities, and provide real choice for consumers and families.**

---

#### **Recommendations:**

1. **Develop or enhance local housing collaboratives to increase the development of safe, affordable housing for people with mental health needs/disabilities in their communities.**
2. **Provide on-going technical assistance and expertise to developers and community partners to plan projects and identify/obtain funding sources, maximizing all federal dollars available.**
3. **Expand Medicaid personal care services to support people with mental health needs in independent or semi-independent housing in community settings who are currently ineligible due to current criteria for personal care or rehabilitation services.**



## EASY, EARLY ACCESS WORKGROUP RECOMMENDATIONS

### GOAL: EARLY MENTAL HEALTH SCREENING, ASSESSMENT AND REFERRAL TO SERVICES ARE COMMON PRACTICE IN MISSOURI

**Objective 1: Payers, providers and policy makers will collaborate to remove barriers and provide adequate funding in order to assure easy, early access to mental health services in Missouri.**

---

#### Recommendations:

1. Establish state departmental coordinating team at the operations level (e.g. COO) in order to pool, direct and maximize funding, set policy, and coordinate, not duplicate, activities related to mental health.
2. Establish commonly agreed upon regional service areas for all state agencies involved in MH services.
3. Establish common eligibility standards and means testing across state agencies and develop shared information system for Standard Means Testing (SMT).
4. Establish regional coalitions that work with local systems to prioritize and formulate solutions to meet local needs, eliminate fragmentation across local agencies and focus interventions on early access and prevention.

**Objective 2: Establish a state-wide public system of outreach and engagement to support mental health care in Missouri.**

---

#### Recommendations:

1. Develop capacity for mental health outreach/engagement professionals to provide consultative, investigative and persuasion services to referral sources.

#### In Communities of Hope...

The focus (of the system) would be on taking care of the problem, not trying to decide on which department or division should fund the services. People want help- they don't care what department is responsible for it.

Anonymous, MO

The system would be simplified with a common language when a client goes from one level of care or location to another so that it doesn't feel like you are traveling to another country.

Anonymous, MO

Schools, mental health agencies, community organizations, justice system, etc., would all work together with clients/families

Springfield, MO

Locating and accessing services is easy...the resources available are out in the open. Once you have accessed services you don't have to continue receiving services from case manager, etc. just to be able to keep other services that benefit you.

Camdenton, MO

2. Identify and remove barriers to voluntary admission and/or outpatient commitment as alternatives to inpatient commitment when appropriate.

**Objective 3: Create the state-wide ability for early identification/screening of mental health issues that are age and culturally appropriate to include timely access to mental health providers for assessment and services when needed.**

---

**Recommendations:**

1. Create an inventory of potential points for early identification of behavioral health need, identify appropriate screening tools and provide training for conducting behavioral health screenings if indicated.
2. Develop a system for mental health screening to be done by non-mental health professionals/natural helpers in addition to professional providers.
3. Implement police Crisis Intervention Teams (CIT) and Mental Health Courts statewide for screening and jail diversion utilizing a statewide consultant/ coordinator, standardized training curriculum and coordinating efforts with the Chief Justice Criminal Justice/Mental Health Initiative.
4. Develop protocols to ensure easy and timely access to behavioral health assessment/services once potential need is identified through screening.
5. Expand current mobile crisis capacity to allow for non-emergency screening and assessment when indicated.

**Objective 4: Develop/expand community service capacity for easy, early access to the most appropriate level of care.**

---

**Recommendations:**

1. Expand effective community based services (e.g. crisis stabilization, residential detox, integrated treatment, hospital aftercare, etc.) to reduce inappropriate utilization of emergency room, institutional and other

**In Communities of Hope...**

There is no fear of improving just enough to lose my services and then needing them again. I would be able to get services before I try to commit suicide and need to be hospitalized. I would not have to wait for months before I "qualify" for services. People would be able to get help before they lose "everything". People would be able to work and not lose needed services.

Camdenton, MO

People who need emergency psychiatric services can get into facilities. People with both developmental disabilities and mental illnesses see people who understand both of their needs. There would be resources for dental and eye care.

Anonymous, MO

It is recognized that certain people will refuse services and need to be outreached. Substance abuse treatment is available upon demand.

Anonymous, MO

People would be able to move quickly through the continuum of care.

Fulton, MO

The way out of the system is always visible.

Anonymous, MO

high cost/restrictive services. Fund through combination of new funding and reinvestment of savings.

2. **Develop capacity for community-based services linked with targeted outreach/early intervention strategies that are implemented.**
3. **Develop “continuing care” alternatives to current public mental health community programs to build capacity to accept new referrals.**

#### **Objective 5: Develop and foster communities that promote a positive mental health lifestyle.**

---

##### **Recommendations:**

1. **Develop guidelines for the formation/expansion of community response teams (CRT) linked with local school districts.**
2. **Develop a comprehensive mental health training curriculum to be used to train interested community members/groups.**
3. **Develop a 7-12 (grade) curriculum of mental health competencies and incorporate into state Health Curriculum.**
4. **Design a system of care that everyone in the community could follow to access the spectrum of services. Develop a matrix of services available.**
5. **Develop capacity for mental health expertise in public health offices by placing/linking/hiring a mental health professional in each office to provide community specific education, consultation, screening and facilitate local collaboration.**

#### **In Communities of Hope...**

People come together wanting to learn more about mental health and helping others. There is more information available.

Hannibal, MO

The public is educated about mental illness and there is no stigma. People see me as having a purpose in life, intelligent enough to work, capable of responsibility. I would have better access to a computer just to educate myself on what is going on in the mental health field. Financial resources would be available for training and higher education so that we could better help ourselves and others.

Kennett, MO



## EVIDENCE-BASED PRACTICE WORKGROUP FINAL RECOMMENDATIONS

### GOAL: EXCELLENT MENTAL HEALTH CARE IS DELIVERED AND RESEARCH IS ACCELERATED IN MISSOURI

**Objective 1: Missouri will adopt a shared definition of Evidence Based Practice (EBP) and a consistent and balanced approach to policy development and resource distribution (portfolio approach) using consumer valued outcomes/service delivery methods and evolving practice or research as guiding principles.**

---

#### Recommendations:

1. Use an interdepartmental approach (e. g. Best Practices Committee) to develop policies, regulations and financing strategies that support EBP, and eliminating those that impede its adoption.
2. Develop policy statement that ensures broad-based consumer and family input into EBP funding and desired outcomes determination at different levels of the system.
3. Establish a systematic and collaborative approach to EBP education/training and outcome measurement.
4. Develop provider financing incentives to support EBP development and practice to include new funding, pay for performance incentives, and funding for training, development, and evaluation.
5. Develop a system allowing consumer choice of providers certified in an EBP by DMH, without regard to geographic/catchment area to insure universal availability.

**Objective 2: Accelerate the dissemination and application of research evidence and build the evidence base for current and emerging practices through educational incentives and collaborative research, education, and training partnerships.**

---

#### Recommendations:

1. Establish “Coordinating Centers of Excellence” that will champion EBP’s by facilitating collaboration, sharing

#### In Communities of Hope...

Government resources are used to support treatment that works. The resources are balanced to support known evidence based practice, promising practices and support the people who do the work.

Anonymous, MO

DYS and DMH work together to meet the mental health needs of kids. There is adequate cross-training and easier access to mental health services.

Anonymous, MO

Medications are seen as a tool to be used as part of a continuum of care, and not to be used when they are ineffective or no longer needed.

Camdenton, MO

There is evidence-based practice as well as practice-based evidence. We value substantive training that makes a professional good but also invest resources that make them great.

Anonymous, MO

information and resources, conducting clinical, service system and cost benefit research, and disseminating the emerging evidence.

2. **Create a training curricula and implementation process for EBP core competency development using multiple modalities for education and mentoring.**
3. **Develop education and licensure incentives for continuing education in evidence-based practices adopted by Missouri.**
4. **Partner with colleges and universities to incorporate EBP into course curriculum and provide training opportunities in practice and implementation.**
5. **Educate consumers and families about EBPs that promote resiliency, recovery and self-determination and involve them in the development and implementation of on-going education activities.**

**Objective 3: Broadly promote the benefits of EBPs to Missouri citizens in “providing safe, effective services that promote recovery, resiliency and self determination.”**

**Recommendations:**

1. **Develop educational opportunities adapted for different groups (consumers, families, providers, community stakeholders) to increase awareness and understanding about EBPs that promote resiliency, recovery and self-determination.**
2. **Designate a “Communities of Hope” month and utilize a variety of medium to promote and discuss EBP’s relative to community need.**
3. **Develop multiple forums to enable ongoing dialogue between providers, consumers, and family members to ensure EBPs are meeting their needs.**

**In Communities of Hope...**

Consumers are aware of what services can and should be provided, not just the services that are available locally.

Anonymous, MO

There is more integrated treatment for mental health and substance abuse.

Anonymous, MO

There would be services and supports to assist with transition from childhood to adult to older adult. I'm 66 and care for a 40 year old daughter and 18 year old grandson with mental illness. When I am no longer able to care for them, I could feel that there would be someone who will.

Anonymous, MO

People get what they need, with the expectation of recovery, self-sufficiency and contributing to the overall community and the next person who may need help.

Anonymous, MO



## TECHNOLOGY WORKGROUP FINAL RECOMMENDATIONS

### GOAL: TECHNOLOGY IS USED TO ACCESS MENTAL HEALTH CARE AND INFORMATION.

The four objectives of the Technology Work Group were as follows:

**Objective 1: Identify ways to use technology to improve the efficiency and effectiveness of behavioral health services and implement them;**

**Objective 2: Identify ways to use technology to improve communication and implement them;**

**Objective 3: Provide access to relevant data for effective planning and evaluation at all levels of the system;**

**Objective 4: Increase capacity to extract meaning from data to facilitate decision making.**

Based on the way referrals came to the Technology Workgroup from the other five workgroups, the Technologies recommendations have been grouped in the following categories and as a sum, meet the four objectives of the work group. The categories of recommendations are as follows:

1. Shared Information Systems
2. Expand and Utilize Telemedicine/Telehealth
3. Information\Education
4. Data Analytics

#### Shared Information Systems

*(Recommendations based on referrals from Consumer and Family; Easy, Early Access; and Disparities are Eliminated Workgroups)*

#### **Recommendations:**

1. **Establish a Single Point of Identification and Virtual (Web-based) Single Point of Entry for all Agencies / Providers.**

#### **In Communities of Hope...**

There would be chat rooms or groups for people with mental illnesses where they can come together and support each other on-line.

West Plains, MO

When I need inpatient care there is a bed available and I can get back on my feet before I am discharged.

Anonymous, MO

Consumers have easy access (e.g. internet) to information about the quality and cost of services. Providers would be committed to continuing education that could be accessed 24/7.

Anonymous, MO

My case documentation follows me to whatever state agency I contact. In other words, my medical and mental health care are well integrated. Agencies know who I am and what progress is made.

Anonymous, MO

People can readily find out about available services and treatment options.

Anonymous, MO

2. **Establish a Bed\Service Availability Portal. Implement a web-based application that assists a consumer/family member in finding a provider or providers who can deliver the service or support needed by the consumer/family.**
3. **Investigate, evaluate, and support statewide initiatives that would move toward a standard Electronic Health Record, owned by the consumer, and sharable, with permission, by providers serving the consumer.**
4. **Investigate, evaluate, and implement an EMR in DMH operated facilities. The goal should be for a system that has the capability to be both internally integrated and externally operable with other electronic medical record systems. These systems provide a complete medical record and workflow in an electronic system.**
5. **Utilize web-based technology to develop interfaces to support efficient business application of means testing between state agencies.**

### **Expand and Utilize Telemedicine/Telehealth**

*(Recommendations based on referrals from Consumer and Family; Disparities are Eliminated; Easy, Early Access, and Mental Health is Essential to Over Health Workgroups)*

#### **Recommendations:**

1. **Expand use of Missouri Telehealth Network (MTN) to include more DMH locations, mental health\substance abuse\developmental disabilities providers and other healthcare locations to support service delivery, video conferencing, and educational/training sessions.**
2. **Utilize Telehealth and other technologies to reduce access disparities.**

### **Education/Information**

*(Recommendations based on referrals from Consumer and Family; Easy, Early Access; and Disparities are Eliminated Workgroups)*

#### **In Communities of Hope...**

There would be communication systems about who needs help and how to connect them with people who have the time, resources, temperament/skills etc. capable of helping them.

Anonymous, MO

I will become aware of resources to help me function in a healthy way and these resources will be available to me in a timely manner.

Jefferson City, MO

I have easy access to affordable services and free educational seminars. Providers would consult with each other.

Anonymous, MO

Care is accessible to all.

Anonymous, MO

In rural areas, help is readily accessible and individuals are aware of what services are available to help them.

Clark County, MO

There is ongoing communication between the state facilities and community providers to better serve consumers.

St. Louis, MO

## Recommendations:

1. Implement a widely accessible, e-based human service information sharing system for use by all levels of community agencies, providers, families, and consumers. Work with new 211 systems to assure that any e-based information sharing system and 211 systems are compatible and supportive of each other.
2. Develop a widely accessible web-based system for dissemination of training technologies usable by consumers, families and providers and further the use of tele-conferencing for providing training across provider networks.
3. Develop an accessible system for providing quality information about providers.
4. Provide alternate methods for information dissemination that are not dependent upon web-based learning for individuals that don't have access to computers and assure that consumers and families have assistance in identifying reliable and accurate information.

## Data Analytics

(Recommendations based on referrals from Disparities are Eliminated; Mental Health is Essential to Overall Physical Health; Easy, Early Access, and Evidence-based Practices Workgroups)

## Recommendations:

1. Implement systems that support collection and measurement of outcome data to evaluate effectiveness and efficiency of services and supports for individuals receiving mental health, substance abuse, and developmental services.
2. Strengthen the capability to provide decision makers with systematic data analysis so they understand its meaning, structure, relationships, origins, etc. and can draw accurate, timely and meaningful conclusions to support policy and program decisions.

### **In Communities of Hope...**

I will be able to get quality treatment close to where I live. I shouldn't have to drive 100 miles to find a provider.

Trenton, MO

Psychiatrists and Psychologists would know the resources available and be able to answer questions about where to go when help is needed for serious problems.

Kansas City, MO

Service providers are accountable to consumers for the quality and effectiveness of their services.

St. Louis, MO

Agencies are given the necessary tools to assist people in pursuing their dreams.

Anonymous, MO